

Montana Department of Labor & Industry
Employment Relations Division
Workers' Compensation Regulation Bureau
P.O. Box 8011
Helena, MT 59604-8011

PLAN 1

CORPORATE RESOLUTION

GROUP SELF-INSURANCE

WHEREAS, at a meeting of the Board of Directors of _____,
a corporation organized under the laws of the State of _____, held on
the _____ day of _____, _____, a quorum being present, the
following resolution was adopted:

“BE IT RESOLVED THAT

_____, organized and
existing under the laws of the State of _____,
authorizes its officers to seek permission from the Montana
Department of Labor & Industry, Employment Relations Division
to become a self-insured member of the _____;
and

“BE IT FURTHER RESOLVED, that the President, Vice
President, and Secretary of the corporation are severally authorized
to execute on behalf of the corporation the Montana Department of
Labor & Industry, Employment Relations Division form entitled
“Agreement of Assumption and Guarantee of Workers’
Compensation and Occupational Disease Liabilities for Self-
Insured Group” together with all other documents necessary to
effect such plan of self-insurance.

I, _____, the undersigned, Secretary of _____, a corporation, hereby certify that I am the Secretary of the above corporation, that the foregoing is a full, true and correct copy of a resolution duly passed by the Board of Directors of said corporation at a meeting of said Board held on the _____ day of _____, _____, and that said resolution has never been revoked, amended, rescinded or set aside, and is now in full force and effect.

IN WITNESS WHEREOF, I set my hand and the seal of the corporation this _____ day of _____, _____.

CORPORATE SEAL

Name of Corporation

Signature of Secretary

Typed Name of Secretary